TN	ISSOUR	i Di	VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-010249$
DO NOT WRITE ON THIS STUB	T WRITE AMENDED		Registration District No
VS 300			1. PLACE OF DEATH a. COUNTY Clay
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Township 3 wks. Liberty Township 3 wks. CCITY OR TOWN Kansas City Inside Limits OR Yes ID No
2/2004	DATE		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. Hospital Inside Limits ADDRESS 4406 N. Tracy Yes No X
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) OF DEATH March 26, 1962
5 7			William Charles Matthias 5. SEX 6. COLOR OR RACE Widowed M White White Widowed M Never Married B. DATE OF BIRTH 9. AGE (last birthday) 15 UNDER 1 YEAR 15 UNDER 24 HR 16 UNDER 24 HR 16 UNDER 24 HR 16 UNDER 24 HR 17 UNDER 24 HR 17 UNDER 24 HR 18 UNDER 24 HR 18 UNDER 25 HOURS 18 UNDER 26 HR 18 UNDER 26 HR 18 UNDER 26 HR 18 UNDER 26 HR 18 UNDER 27 HR 18 UNDER 27 HR 18 UNDER 28 HR 18 UNDER
6	s		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Department London, England U.S.A.
7 2	orio O		136. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE
8 0	AS H		John D. Matthias Katherine——Unknown Adelia Matthias 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of servi No.
94500	ARE KE	Į.	18. CAUSE OF DEATH (Enter only one cause per line
	D OF	DOCUMEN	Conditions, if any, Due to (b) Conditions, if any, Due to (b) Conditions of any, Due to (b)
	THIS REC	- DQ	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) DUE TO (c)
1	NO S		
	AMENDMENTS		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART III. If deceased was female was there a pregnancy in last 90 days. PRI III. If deceased was female was there a pregnancy in last 90 days. PRI III. If deceased was female was there a pregnancy in last 90 days. PRI III. If deceased was female was female was there a pregnancy in last 90 days. PRI III. If deceased was female was
y NO	AWEN		ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, while AT WORK 10 farm, factory, street, office bldg., etc.)
BLAC OR RITER) READ		21. I attended the deceased from WCh to and last saw him alive on WCh to Death occurred at mon the date stated above, and to the best of my knowledge, from the causes stated.
USE BLAC OR TYPEWRITER	SHOULD	VIT OF	22a. SIGNATURE (Degree or title) M 22b. ADDRESS Public Ho 23c. DATE-SIGNED
_	O Z	AFFIDAV	236. BURIAL, CREMATION, REMOVAL (Specify) Removal March 28, 1962 Fremont Cemetery Fremont Minmesota
	ITEM	BY AF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE D. W. Newcomets Sons North Kansas City, Mo. 3-28-1962 Market Signature
'		•	(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Marin D. Peraston
Signature of Student Embalmer	orgino
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.